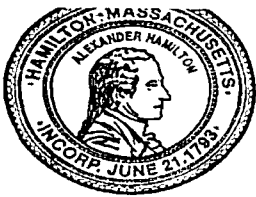


**TOWN OF HAMILTON  
FISCAL YEAR 2006  
CPA EXEMPTION QUALIFYING INCOMES**

PROPERTY OWNED BY SENIOR (60 OR OLDER)			LOW INCOME NON-SENIOR		
<div>Base Income (Family of 4) 82,600</div>			<div>Base Income (Family of 4) 66,100</div>		
<u># Persons in Household</u>	<u>Household Size Adj.</u>	<u>Qualifying Income</u>	<u># Persons in Household</u>	<u>Household Size Adj.</u>	<u>Qualifying Income</u>
One	70%	57,800	One	70%	46,300
Two	80%	66,100	Two	80%	52,900
Three	90%	74,300	Three	90%	59,500
Four	100%	82,600	Four	100%	66,100
Five	108%	89,200	Five	108%	71,400
Six	116%	95,800	Six	116%	76,700
Seven	124%	102,400	Seven	124%	82,000
Eight	132%	109,000	Eight	132%	87,300



## THE COMMONWEALTH OF MASSACHUSETTS

TOWN OF HAMILTON

FISCAL YEAR 2006

ASSESSOR USE ONLY

Parcel I.D. \_\_\_\_\_  
Date Received \_\_\_\_\_**LOW INCOME PERSONS-LOW OR MODERATE INCOME SENIORS****FISCAL YEAR 2006 APPLICATION FOR COMMUNITY PRESERVATION ACT EXEMPTION****General Laws Chapter 44B****1. IDENTIFICATION:** (Complete all sections fully)

Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Marital Status \_\_\_\_\_

Were you 60 years or older on January 1, 2005? Yes \_\_\_\_\_ No \_\_\_\_\_  
*If yes and first year of application, please attach a copy of birth certificate.*

Legal Residence (Domicile) on January 1, 2005 \_\_\_\_\_

Location of Property \_\_\_\_\_

Did you own the property on January 1, 2005? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, were you: Sole Owner: \_\_\_\_\_ Co-Owner with Spouse Only \_\_\_\_\_ Co-Owner with Others \_\_\_\_\_

Was the property held in trust as of January 1, 2005? Yes \_\_\_\_\_ No \_\_\_\_\_  
*(If yes, attach instrument including all schedules)***2. INCOME**

GROSS INCOME FROM ALL SOURCES IN CALENDAR YEAR 2004 FOR EACH MEMBER OF FAMILY (EXCEPT FULL TIME STUDENTS AND MINOR CHILDREN) AS FOLLOWS: Retirement Benefits (Social Security, Railroad, Federal, Mass, and Political Subdivisions), Other Pensions and Retirement Allowances, Wages, salaries and Other Compensation, Net Profits from Business or Profession, Interest and Dividends, Alimony, Child Support, Rental income, Capital gains, and other.

Total Number of persons residing in Household: 

Name: First, Middle, Last	Relationship To applicant	Soc Sec #	Date of Birth	Annual Total Income (All Sources)
	Applicant			
	Spouse			
TOTAL FAMILY GROSS INCOME:				\$

**3. DEPENDENT DEDUCTION** (Please list all dependents residing in household)

NAMES:	DATE OF BIRTH	FULL TIME STUDENT?	
_____	_____	Y	N
_____	_____	Y	N
_____	_____	Y	N
_____	_____	Y	N
_____	_____	Y	N
_____	_____	Y	N

**4. MEDICAL EXPENSE DEDUCTION**

DEDUCTIONS FOR MEDICAL EXPENSES OF ALL FAMILY MEMBERS IN CALENDAR YEAR 2004

Note: Do not include amounts that have been reimbursed or paid by insurance

HEALTH INSURANCE PREMIUM	\$ _____
HOSPITALS	\$ _____
DOCTORS	\$ _____
PRESCRIPTION DRUGS	\$ _____
MEDICAL EQUIPMENT	\$ _____
OTHER	\$ _____
TOTAL MEDICAL EXPENSES	\$ _____

DID YOU, OR ANY MEMBER OF YOUR FAMILY FILE A FEDERAL INCOME TAX RETURN (S) FOR CALENDAR YEAR 2004? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, A COPY OF PAGE ONE OF THAT RETURN IS REQUIRED FOR ALL FAMILY MEMBERS. (TAX RETURN INFORMATION WILL BE DESTROYED AFTER FINAL DISPOSITION OF THE APPLICATION)

**PLEASE NOTE: INFORMATION ON THIS FORM IS NOT SUBJECT TO PUBLIC INSPECTION.**

SIGNATURE: (Sign below to complete application)

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true.

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

**\*\* Filing this application does not stay the collection of your surcharge. To avoid interest and collection charges, you must pay surcharge as billed by the due date. If the exemption is granted and the surcharge is paid in full, then a refund will be made.**